



ADVENTURE GUIDES REGISTRATION

PALO ALTO FAMILY YMCA

PARTICIPANT INFORMATION

Name of Circle _____

Child's Name _____

Sex: M F Birthdate ___/___/_____ Grade K 1 2 3

School Attending _____

Child's T-shirt Size S M L XL XXL

Child's Name _____

Sex: M F Birthdate ___/___/_____ Grade K 1 2 3

School Attending _____

Child's T-shirt Size S M L XL XXL

Parent/Guardian Name _____

Adult T-shirt Size M L XL XXL XXXL

Address _____

City/Zip _____

Home Ph _____ Day/Cell Ph _____

Email _____

MEDICAL INFORMATION AND CONSENT

Child's Name _____

Parent/Guardian Name _____

Address _____

City/Zip _____ Day/Cell Ph _____

Physician _____ Physician's Ph _____

Physician's Address _____

Preferred Hospital _____

Dentist _____ Dentist's Ph _____

Dentist's Address _____

Medical Insurance Co _____

Policy # _____

Allergies _____

EMERGENCY CONTACT

Name _____ Relation _____

Home Ph _____ Cell Ph _____

Name _____ Relation _____

Home Ph _____ Cell Ph _____

Name _____ Relation _____

Home Ph _____ Cell Ph _____

REGISTRATION FEES

(Financial assistance available)

Fee x Qty = Total

	Fee	Qty	Total
Facility Member			
Includes fee and materials for parent/child* pair	\$290		
Includes fee and materials for an additional child*	\$50		
Program Member			
Includes fee and materials for parent/child* pair	\$330		
Includes fee and materials for an additional child*	\$75		
Current Program Membership required for each person	\$25		
TOTAL			

PAYMENT INFORMATION

Paid by: Check Credit Card **Check #** _____

Credit Card Info: MC Visa Discover AMEX

Name as it appears on card _____

Card # _____ Exp ____ / ____

Signature _____

ADULT'S AUTHORIZATION

Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed activities, except noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by Silicon Valley YMCA representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Silicon Valley YMCA representatives to secure and administer treatment, including hospitalization. This form may be photocopied for use away from the main program site.

Photo Release: All photos that are taken may be used for promotional purpose.

Parent Code of Conduct: I have read and understand the Adventure Guides and Trailblazers Parent Code of Conduct. I am fully aware that failure to support this Code of Conduct will jeopardize my participation in the Silicon Valley YMCA Adventure Guides and Trailblazers program.

Email: I understand I will be receiving email communication from the Y regarding this and other youth programs.

*Parent (adult role model age 21+)
Child (grades K-3)



Parent/Guardian Signature

Date